

The following information is from the Kentucky Systems Change Project, Services for Students with Special Health Care Needs, Appendix B

OTHER HEALTH CARE CONCERNS

The purpose of this section is to provide school district personnel guidance in planning health care services and needed training for working with students with special health care needs. The information provided is general in nature and should not be viewed as a substitute for appropriate training. These specific health care procedures are acts generally considered nursing care activities which are provided by a nurse or provided only by a designated trained person(s) for an individual student as delegated by, and under the supervision of a nurse.

Other licensed health care providers such as physicians, physical therapist, occupational therapist, or speech/language therapist may provide, delegate, teach, and supervise others in the performance of procedures, when the procedures are within the scope of practice of the given licensee.

Bone and Joint Deformities

Description

Bone and joint deformities may result from restriction of movement of the muscles surrounding the bones and joints. Muscles surrounding joints, that do not maintain adequate range of motion, eventually shorten so that full range of motion is not possible. Permanent shortening of these muscles results in **contractures** of the joints. Inability to participate in normal movement activities can also lead to bone deformities due to the fact that bones become softer and less dense as a result of lack of movement. Lack of movement may also adversely affect other systems of the body including the respiratory system, urinary tract, the gastrointestinal system and the condition of the skin.

Recommendations

- The parents will provide documentation from the child's physician as well as recommendation from a physical or occupational therapist about the types of therapeutic management techniques needed to prevent bone and joint deformities. These recommendations may include:
 1. joint range of motion exercises
 2. joint range of motion techniques to integrate throughout the day
 3. variety of positions to place student in for educational activities
 4. handling techniques including specialized physical assistance, and adaptive equipment.
- All personnel working with a student with bone and joint deformities will be trained by a qualified physical or occupational therapist.
- Visual reminders (pictures) of appropriate handling and positioning techniques are obtained from the therapist(s) for school personnel to refer to at all times.
- Know signs and symptoms of complications that might arise (e.g. pressure sores, bone fractures and/or swelling or inflammation of the joints)
- Consult with parents and therapist(s) and write an action plan for these complications.
 1. Pressure sores
 2. Bone fractures
 3. Swelling or inflammation of joints

Documentation

- Document treatment as specified by the physician and/or physical or occupational therapist with parental consent
- Document emergency procedures as planned in conjunction with parents

- Document ongoing communication between physical therapist and school personnel who perform positioning and physical management techniques
- Document training of delegated school personnel by qualified licensed health care personnel (e.g. physical or occupational therapist)
- Weekly treatment record should include:
 1. Frequency of range of motion exercises
 2. Frequency of positioning changes as well as variations
 3. Presence of redness, blanching, swelling or bruising
 4. Any recommended changes in therapeutic management procedures by physical or occupational therapist

Precautions

- Obtain training from a physical therapist in the use of proper body mechanics when lifting, handling, or carrying students with physical disabilities.
- Range of motion exercises, handling techniques and positioning **are not**, in and of themselves, educational goals for students with physical or motor disabilities. They are **physical management techniques** and should be included in all instructional activities in which the student participates.
- Equipment should be maintained for safety and proper fit for each individual student.
- Fractures and joint dislocations can occur during range of motion exercises. School personnel should be aware of the signs of this occurring.
- Signs of joint contractures should be reported to the physical or occupational therapist.

Recommended Readings

Campbell, P.H. (1987). Physical management and handling: Procedures for students with movement dysfunction. In M.E. Snell (Ed.). Systematic instruction of persons with severe handicaps (3rd ed.) (pp. 174-187). New York: Macmillian Publishing Co.

Graff, J.C., Ault, M.M., Guess, D., Taylor, M., & Thompson, B (1990). Health care for students with disabilities: An illustrated medical guide for the classroom Baltimore, MD: Paul H. Brookes (see Chapter 7: Therapeutic management)

Lough, L.K. (1990), Positioning and handling. In J.A. Blackmon (Ed.). Medical aspects of developmentally disabilities in children birth to three (2nd ed.) (pp. 25-44). Rockville, MD: Aspen Publishers.

Word, D.E. (1984). Positioning the handicapped child for function (2nd ed.) Phoenix, AZ: Phoenix Press.

Bowel Care

Description

Children with certain medical conditions and/or motor disabilities may have problems with bowel regularity and elimination which require medical intervention.

Recommendations

- Consult with student's parent/guardian to obtain history of child's regular bowel habits
- Know signs and symptoms of bowel problems (e.g. constipation, diarrhea, dehydration, hemorrhoids)
- Implement nutritional and fluid intake recommendations, and the use of laxatives, stool softeners, suppositories, or enemas as specified by physician and with parental consent. Parents will provide all supplies
- Promote practices that prevent bowl problems including ample fluid intake and adequate fiber in diet
- Determine if the child requires special positioning devices for toileting or the use of relaxation techniques to promote elimination. Consult with physical and /or occupational therapists for recommendations and/or training of school personnel if needed

Documentation

- Document treatments and recommendations as specified by the physician with parental consent
- Document any allergies to latex gloves, children with spinal bifida are particularly prone to this
- Document training of school personnel by licensed health care professional
- Document on daily treatment record:
 1. supplements given (if prescribed)
 2. amount and frequency of fluid intake
 3. laxatives given (if prescribed)
 4. date and time of bowel movement
 5. Notify parents and Health Services with any procedural problems that may occur by phone and in writing.

Precautions

- Use gloves when toileting children
- Student with motor disabilities may have impaired bowels, which require medical intervention

Recommended Readings

Graff, J.C., Ault, M.M., Guess, D., Taylor, M., & Thompson, B. (1990). Health care for students with disabilities: An illustrated Medical guide for the classroom. Baltimore, MD: Paul H. Brookes (see Chapter 5: Bowel Care)

Shaddix, T.(1986). Nutritional care for the child with developmental disabilities: Management of constipation. Birmingham, AL: United Cerebral Palsy of Greater Birmingham.

Sullivan-Bolyai, S. (1986). Practical aspects of toilet training in the child with a physical disability. Issues in Comprehensive Pediatric Nursing. 9, pp. 79-96.

Cast Care

Description

Casts support and protect injured bones and soft tissue. Casts may be made of plaster or fiberglass. Students usually wear casts to immobilize a broken or fractured bone.

Splints or "half casts" may be used when less support is needed. Students with physical disabilities may wear cast or splints due to joint dislocations or to prevent or correct body deformities.

Recommendations

- Consult with parents and physician about type of cast and complete description including:
 1. Type of cast
 2. How long the student will have to wear the cast
 3. Reason for wearing the cast (surgery or fracture)
 4. How long the child has had the cast
 5. Special positions needed due to cast (i.e. leg elevation)
- Know the signs and symptoms of complications following cast application and know whom to contact if any of these occur:
 1. Increased pain, which may be caused by swelling, and the feeling that the cast or splint is too tight.
 2. Numbness and tingling in the foot or hand,
 3. Burning and stinging
 4. Excessive swelling below the cast
 5. Loss of active movement of toes or fingers
- Consult with parent to develop an action plan for emergencies or conditions that may result from wearing the cast. These may include:
 1. Indentations in a new cast
 2. Skin breakdown around or under the cast
 3. Conditions that indicate that the cast is too tight or rubbing (redness)

Documentation

- Document emergency procedures as planned with parents
- Document treatment recommendations as specified by the physician with parental consent.
- Physical and occupational therapists can also provide assistance in interpreting and implementing cast care recommendations. These may include:
 1. Cleaning the cast
 2. Assisting the student with a cast in toileting activities
 3. Checking the condition of the skin around and underneath the cast
 4. Checking for the continued correct positioning of the cast.
 5. Documented training by qualified licensed health care professional for school personnel who perform cast care (e.g. nurse, physical or occupational therapist).
- Maintain daily treatment record (sent to parents) for the duration that the cast is applied, particularly during the first two or three weeks that includes:
 1. Documentation that cast was checked for pressure sores or skin breakdown during the day
 2. Record of any skin irritation that was discovered and treatment method,
 3. Time of elimination, if relevant to type of cast
 4. Documentation of any sign of poor circulation
 5. Use schools' special procedures form for documentation

Precautions

- Care should be given to protect the cast from the following:
 1. Indentations (especially when cast is new)
 2. Soiling from food, drink, urine or feces
 3. Dropping small objects or pieces of food down in the cast.

- Prevention of pressure sores and skin breakdown can be reduced by repositioning the student at regular intervals, per physician or therapist's recommendations
- Closely observe the student's skin condition and circulation during the time the student is wearing the cast. Repeated complaints of discomfort by the student should be reported to the child's parents and the school nurse or other licensed health care provider, and/or the child's physician.

Recommended Reading

Graff, J. C., Ault, MM., Guess, D., Taylor, M., & Thompson, B. (1990). Healthcare for students with disabilities: An illustrated medical guide for the classroom. Baltimore, MD: Paul H Brookes. (Chapter 10: Cast Care)

American Academy of Orthopedic Surgeons (2000) Online Brochure: Care of Casts and Splints.

Congenital Heart Disease

Description

Children with disabilities may have one or two types of heart disease. The first type occurs before birth and is called **congenital heart disease**. A congenital heart defect generally occurs prior to the eighth week of gestation. Factors that may result in an infant acquiring a congenital heart defect include improper prenatal care, German Measles, and genetic anomalies. Children with Down's Syndrome are especially at risk for congenital heart defects. **Acquired heart disease** is less common in children. A child most likely to develop an acquired heart disease as a result of Rheumatic Fever which may cause permanent heart damage. Hypertension (high blood pressure) is another acquired heart disease, but it is generally not seen in children. Children may also have heart murmurs which may or may not be the result of some type of heart disease.

Recommendations

- Consult with the student's parents and physician about the type of heart disease and note the following:
 1. what caused the heart disease (congenital or acquired)
 2. safety precautions for working with the child
 3. diagnostic measures that were taken to determine the existence of the heart disease
 4. surgery the child may have had to correct the heart defect
 5. medications the child has to take for the heart disease
 6. length of hospital for surgery (may impact development)
 7. any restrictions on physical or strenuous activities
 8. medication required during school hours
- Know signs and symptoms of complications that may result from the heart defect (these will be different for each type of heart disease) but in general they include: shortness of breath, chest pain, faintness, cyanosis, very rapid heartbeat and unusual fatigue)
- All personnel working with a student with any type of heart disease should be trained to perform any type of special care (e.g. positioning) that may be needed if symptoms of distress occur at school. Training should be done by qualified health care professional. In addition, all school personnel who work with the student should be trained in CPR specific to the child's age.
- Consult with the parents to design a plan for associated problems or emergencies that occur. These may include:
 1. "hypoxic spells" caused by lack of oxygen which are "characterized by hyperventilation, increasing cyanosis and fainting" (Baum, 1982, p. 318)

2. any other sign of heart distress

Documentation

- Document treatment recommendations as specified by the student's physician and with parental consent.
- With parents and physician input, develop emergency action plan
- Document training by qualified personnel for school personnel who perform any type of specialized treatment including CPR
- Maintain incident reports (as needed) and notify parents and school nurse by phone and in writing of any type of behavior indicative of distress and any action taken
- Document prescribed medication administration

Precautions

- Teachers should be aware of any physical restrictions which may prohibit a student from competing in certain athletic events and obtaining strenuous jobs

Recommended Readings

Baum, D. (1982). Heart disease in children. In E.E. Beck & D.A. Nagel (Eds.).
Physically handicapped children: A medical atlas for teachers (2nd ed.) (pp. 313-324).
New York: Grune & Stratton

Bricker, J.T. & McNamara, D.G. (1983). Heart disorders. In J. Umbreit (Ed.).
Physical disabilities and health impairments: An introduction (pp. 222-232).
New York: Macmillian Publishing Co.

Feeding Disorders

Description

Some students with motor disabilities (e.g. cerebral palsy) and many students with severe/profound mental disabilities have significant feeding problems. These may include poor lip closure, tongue thrust, tonic bite reflex, poor chewing, a passive swallow, insufficient gag reflex, poor dental health, and others.

Recommendations

- Proper positioning is a key factor in minimizing feeding problems as well as facilitating digestion. Overall body positioning includes positioning the student's body in alignment and facilitating symmetry in both sides of the body. Use supports when needed to maintain the student's trunk and head upright and midline (not leaning to the side or forward). The student's arms and hands are placed in a midline position (together and to the center of the body) and are supported by a lap tray or table surface. The student's feet are well supported on the wheelchair footrests, on the floor, or by placing a bolster or box under the student's feet. Consult with occupational and physical therapists for specific recommendations about positioning and related equipment for individual students.

- Special feeding techniques or utensils may be required for some students. These may include techniques such as oral stimulation activities, jaw control, placement of food and liquids in the mouth, special cups and utensils, and others. Work closely with occupational therapists and speech therapists who have special training in prespeech and feeding techniques to learn and use appropriate feeding techniques for individual students.
- Obtain input from occupational therapists and speech therapists who have special training in prespeech and feeding techniques to vary and broaden students' abilities to consume foods of various temperatures and textures. Students who continue to eat pureed foods without consideration of systematically increasing food textures will not learn to handle (eat/drink) a variety of types of foods.
- Students with poor chewing or swallowing abilities may need foods blended in a food processor. Blend each food individually so that students are exposed to different tastes, smells, and textures. Do not blend all the student's food together.
- General feeding guidelines include proper positioning of the head/neck, provision of a small amount of food on the spoon and/or cut food in small bites, and provision of liquids in small sips, making sure that the student receives adequate fluid intake throughout the day
- Know signs and symptoms of distress while feeding:
 1. change in facial expressions (e.g. look of anxiety or stress on student's face, facial color changes, perspiration on face)
 2. excessive increase in muscle tone or stiffening of the student's limbs or whole body (spastic)
 3. excessive movements of arms and legs
 4. nasal flaring or increased rate of respiration
 5. frequent coughing and/or choking while eating
 6. turning head away from food offered
 7. excessive fatigue
- Feeding problems require a team approach for assessment and instructional programming. In addition to parents/guardians, team members may include occupational therapist, speech therapist, nutritionist, physician, nurse, educator, and physical therapist. School psychologist and behavior specialists may be needed for some students.
- To evaluate the possibility of feeding disorders, refer parents to the student's physician. A medically prescribed test called videofluoroscopy can be conducted to determine the presence or absence of a swallowing disorder.
- Obtain information regarding food types and textures, solids vs. liquids, amount of food and liquids for mealtimes and snacks during the school day, rate of eating/drinking, and foods to avoid due to allergies or risk of choking
- Obtain training in first aid for choking and CPR from a certified instructor
- Obtain training from qualified therapists to perform special oral motor and feeding techniques.

Documentation

- Obtain a written description of correct positioning for feeding (from physical or occupational therapists) and all special oral motor and feeding techniques and/or special equipment used during feeding (from an occupational therapist or speech therapist who has had training in feeding).
- Document recommendations from the student's physician and parents regarding nutritional requirements, amount and rate of feeding, and foods to avoid.
- Document student's response to feeding/eating. Notify parents and school nurse by phone and written note of any procedural problems encountered.

Precautions

- Avoid foods such as hard candy, nuts, and other foods that break up into small pieces and may be hard to handle and cause choking (whole kernel corn, raw vegetables such as carrots, popcorn, hard cookies, etc.)
- When cutting foods, dice or cut lengthwise i.e. hot dogs or wieners
- Obtain training and first aid for choking and CPR in case of emergency
- Wash hands before and after feeding students.
- Use disposable napkins for clean ups or use one washcloth for each student.
- Student's known to have Hepatitis B should eat from disposable utensils and trays.
- Wear vinyl or latex gloves when feeding student(s) or cleaning up after eating. Be aware if feeding student, note if student has allergy to latex gloves.

Recommended Readings & Resources

Crump, M. (Ed.) (1987). Nutrition and feeding of the handicapped child. San Diego: College-Hill Press.

Morris, S. E., Kein, M.D. (1987). Pre-feeding skills: A comprehensive resource for feeding development. Tucson, AZ: Communication Skill Builders.

Alexander, R. (1991). Prespeech and feeding. In J.L. Bigge (Ed.), Teaching individuals with physical and multiple disabilities. (3rd ed.) (pp. 175-198). New York: Macmillan Publishing Co.

Orthotic Care

Description

Orthoses, commonly referred to as braces or splints, are devices used to prevent joint contractures and bone deformities and also to facilitate proper joint alignment to assist in weight bearing and walking. Braces are made of either metal or plastic that is molded to fit the child. There is a wide variety of braces from those that support the child from the chest to the feet (e.g. reciprocating gait orthoses) to those that support only the ankle and foot (e.g. ankle-foot orthoses). Braces may also be used to prevent joint contractures in the upper extremities (arms and hands).

Recommendations

- Consult with the student's physician, physical therapist or occupational therapist (hand splints), and parents about the type of orthotic device and a complete description of the following:
 1. why the orthotic device is needed
 2. how to place the brace on the child
 3. how long each day the child is to wear the brace
 4. activity restrictions while the brace is being worn
 5. movement patterns that are being promoted while the brace is worn
 6. other treatment techniques used to prevent the orthopedic problem
- Obtain training from a qualified physical therapist to put the braces on the child. All school personnel working with the student should be trained
- Know signs and symptoms of complications that might arise and make plans in advance to deal with these

- Consult parents to design a plan for complications that may arise as a result of wearing orthotic devices. These may include:
 1. metal, plastic or strapping that maintains contact with skin
 2. any skin irritation resulting from new or improperly fitting braces

Documentation

- Document treatment recommendations as specified by the physician and/or physical therapist with parental consent
- Document procedures for dealing with complications as planned in conjunction with the parents
- Document training by qualified personnel (e.g. physical therapist) for school personnel who monitor the fit and function of orthotic devices.
- Document that periodic checks have been made to assure that the orthotic device fits properly (by physical therapist)
- Document on daily treatment log:
 1. length of time orthotic device worn each day
 2. movement patterns that are being encouraged during time orthotic device is being worn
 3. signs of skin irritation
 4. recommendations by physical therapist to have braces changed for more appropriate fit

Precautions

- Improperly placing an orthotic device on a student can cause orthopedic problems including bone fractures.
- Pressure points (red marks) that do not disappear in 20 minutes are reported to parents and physical or occupational therapist (hand/arm splints). This condition can lead to pressure sores
- Students should not wear orthotic devices for extended periods of time upon initial receipt of the device. Likewise, the length of time the student wears the device should be reduced following extended periods of time when the device was not worn (i.e. vacation).
- Training should not exclude other tasks involved in the use of orthotic devices including ambulation and movement transitions.

Recommended Reading

Lough, L.K. (1990). Bracing. In J.A Blackmon (Ed.). Medical aspects of Developmentally disabilities in children birth to three (2nd ed.) (pp 25-44). Rockville, MD: Aspen Publishers

Prosthetic Care

Description

A prosthesis replaces a missing body part. The information contained in this section refers to artificial limbs, which replace the function of missing arms and/or legs. Prostheses are custom molded for the individual and are held on with straps or a harness.

Recommendations

- Consult with the student's physician, prosthetist, physical or occupational therapist, and parents to obtain a complete description of the following:
 1. type of prosthesis and how it operates
 2. type of training the child needs to become functional with the prosthesis and who will do the training
 3. abilities of the student with prosthesis
 4. potential dangers to other students that could be caused by the prosthesis
 5. the schedule for wearing the prosthesis
 6. indications that the prosthesis is not functioning properly
 7. activities that should be avoided while the child is wearing the prosthesis
 8. assistance the child needs while wearing the prosthesis
 9. how to apply the prosthesis
- Know the signs and symptoms that indicate that the prosthesis does not fit properly
- Design a plan for explaining to other children in the classroom about the prosthesis

Documentation

Record as needed any signs of skin irritation including bruising, rashes, or abrasions that result from wearing the prosthesis and report these by phone and in writing to the parent and appropriate ancillary personnel (occupational therapist for upper extremities or physical therapist for lower extremities).

Precautions

- Poor hygiene can cause skin irritation. Teachers should be aware of such situations and alert parents if they notice this
- Be sensitive to the emotional needs of the student wearing the prosthesis. Avoid teasing by other students by explaining or having the child explain the device
- Consider the physical education needs of the student. Students wearing artificial limbs are encouraged to participate in physical education as much as possible, but may require adapted physical education and/or consultation from an adapted physical educator
- Consideration should be given to the fact that the child with absent limbs may perspire more than a typical child. Therefore, their underclothing may need to be changed more frequently. Also, children with absent limbs may run extremely high temperatures during minor infections such as a cold.

Recommended Readings

Frederick, J. & Flether, D. (1985). Facilitation children's adjustment to orthotic and Prosthetic appliances. Teaching Exceptional Children, 17 (3), (pp.228-230).

Setoguchi, Y. (1982). Amputations in children. In E.E. Bleck & D.A. Nagel (Eds.). Physically handicapped children: A medical atlas for teachers (2nd ed.). (pp. 17-26). New York: Grune & Stratton, Inc.

Brooks, M. (1983). Limb deficiencies. In J. Umbreit (Ed.). Physical disabilities and health impairments: An introduction (pp. 93-99). New York: Macmillan Publishing Co.

Shunt Monitoring

Description

A shunt is a plastic tube placed into the ventricle of the brain to drain excess cerebrospinal fluid. Children with an excess of cerebrospinal fluid are said to be hydrocephalic (enlarged head due to excess fluid). The shunt leads from the brain to a particular cavity of the body where the excess fluid is received and processed or eliminated from the body. The shunt may drain the cerebrospinal fluid into either the heart chamber or the abdominal cavity (most common, ventricular peritoneal).

Recommendations

- Consult with the student's physician and parents about the type of shunt and complete description including:
 1. child's typical behavior and how it may differ if the shunt is malfunctioning
 2. knowledge of signs and symptoms of malfunctioning shunt
 3. when the shunt was inserted and any warning signs that may result during the first weeks of insertion
- Know signs and symptoms of complications that might arise and make plans in advance to deal with these
- Consult with parents to design a plan for emergencies that may result from the shunt. These may include:
 1. behavioral symptoms including irritability, restlessness, personality change, lethargy, drowsiness, inability to follow simple commands, and decreased orientation to time and place
 2. physical symptoms including headache, nausea, vomiting, double or blurred vision, seizures, soft spot becomes full and changes in reaction to light

Documentation

- Document emergency procedures as planned in conjunction with parents. Notify parents and school nurse by phone and in writing of emergency procedures required/used.
- Document observations weekly (copy sent to parents) that include:
 1. any changes in behavior or physical symptoms as described above
 2. level of activity
 3. response to and awareness of environment
- Document occurrence of seizures and any other emergencies that require medical attention at school.

Precautions

- Physical and behavioral symptoms of shunt malfunction should be reported immediately to the parents. Any rapid increase in pressure in the brain can result in serious complications and death.
- If school health care workers are not available, the Emergency Medical Team (EMT) should be notified in the event of an emergency situation. The student's parents should also be notified immediately if the student is showing signs of shunt malfunction.

Recommended Readings

- Graff, J.C., Ault, M.M., Guess, D., Taylor, M., & Thompson, B. (1990). Health care for students with disabilities: An illustrated medical guide for the classroom. Baltimore, MD: Paul H Brookes. (see Chapter 9: Monitoring a Shunt)
- Wolraich, M.L. (1990). Hydrocephalus. In J.A. Blackmon (Ed.), Medical aspects of developmental disabilities in children birth to three (2nd ed.) (pp. 175-180). Rockville, MD: Aspen Publishers.

Skin Care

Description

Children who have limited movement or mobility may require special skin care to prevent the development of skin breakdown and pressure sores.

Recommendations

- Know signs and symptoms of developing skin problems including:
 1. pressure points (red marks) that do not disappear in 20 minutes can lead to pressure sores and are reported to the parents and school nurse
 2. signs of skin irritation including swelling, redness, tenderness, bruising, rashes, abrasion, or other signs of problems
- Apply topical treatments or dressing changes as specified by physician. Unlicensed school personnel may be trained to change simple non-sterile dressings by licensed health professionals. Complex dressings requiring a sterile technique should be performed by a qualified licensed health care professional.
- Promote practices that prevent skin problems including keeping the skin clean and dry, proper nutrition and fluid intake, frequent position changes, and activities to promote circulation

Documentation

- Document treatment and recommendations as specified by the signed Physician Authorization Form and also signed by the parents
- Document topical medications and treatment applications on the Medication Administration Log or Procedure Treatment Log
- Record any signs of skin irritation including swelling, redness, tenderness, bruising, rashes, abrasion, or other signs of problems and report these by phone and in writing to the parents and school nurse.

Precautions

Wear vinyl or latex gloves if applying topical treatments, changing dressings, or dealing with open sores or injuries. **Be aware of any latex allergies.** (Children with Spinal Bifida are especially sensitive to latex.)

Recommended Reading

- Graff, J.C., Ault, M.M., Guess, D., Taylor, M. & Thompson, B. (1990). Health care for Students with disabilities: An illustrated medical guide for the classroom. Baltimore, MD: Paul H. Brookes (see Chapter 4: Skin Care)